



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (January 17, 1991 through January 29, 1991)

MEETING DATE: February 6, 1991

PREPARED BY: City Clerk

RECOMMENDED ACTION:

<u>AGENDA ITEM</u>	<u>RECOMMENDATION</u>
J 2a	Information only.

BACKGROUND INFORMATION: A copy of an application for Alcoholic Beverage License has been received from the State of California Department of Alcoholic Beverage Control for Donald R. and Rhonda K. Maghuyop, Village Flower Shop, 1317 West Lockeford Street, Lodi, for Off Sale Beer and Wine - Original License.

1317 West Lockeford Street, Lodi, is located in a C-1 Neighborhood Commercial zone. This is an appropriate zone for off-sale sales.

In order for Village Flower Shop to include packaged wine or beer in gift packages or arrangements, it is necessary that they have this license.

FUNDING: None required.

Alice M. Reimche
Alice M. Reimche
City Clerk

AMR/jmp

APPROVED: _____

THOMAS A. PETERSON
City Manager



COUNCOM8/TXTA.02J/COUNCOM

CC-1

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

San Joaquin
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

ROBERTSON, Donald E. & Family

1. TYPE(S) OF LICENSE(S)

RECEIVED
JAN 27 1983
ALICE M. REMANE
CITY CLERK
CITY OF LOS ANGELES

Applied under Sec. 24044 ☐
Effective Date: _____

FILE NO.**RECEIPT NO.****GEOGRAPHICAL
CODE****Date
Issued****Temp. Permit****Effective Date:****3. TYPE(S) OF TRANSACTION(S)****FEE****LIC.
TYPE**

INITIAL

\$ 100.00

10

Annual Fee

20.00

4. Name of Business

Village Flower Shop

5. Location of Business—Number and Street

1317 West Lockeford St.

City and Zip Code
Los Angeles, CA 90041

County
San Joaquin

TOTAL \$ 120.00

**6. If Premises Licensed,
Show Type of License****7. Are Premises Inside
City Limits?**

Yes

**8. Mailing Address (if different from 5)—Number and Street
P.O. Box 2778 Los Angeles, CA 90041**

(Temp. Permit)

9. Have you ever been convicted of a felony?

NO

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 1-17-81

Under penalty of perjury, each person whose signature appears below certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and its location indicated on the upper portion of this application form; (3) that the transfer is approved by the Director; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location****Number and Street****City and Zip Code****County**

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____

COPIES MAILED 1-17-81

(OTHER)

☐ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)		1. TYPE(S) OF LICENSE(S)	FILE NO.
To: Department of Alcoholic Beverage Control 1901 Broadway Sacramento, Calif. 95818 <u>Stockton</u> (DISTRICT SERVING LOCATION)		RECEIVED ISSUED BY: <u>WILLIAM AND WIFE</u> ALICE M. REIMCHE CITY CLERK CITY OF LODI Applied under Sec. 24044 Effective Date: <u>1/18/83</u>	RECEIPT NO.
The undersigned hereby applies for licenses described as follows:			GEOGRAPHICAL CODE <u>3902</u> Date Issued Temp. Permit
2. NAME(S) OF APPLICANT(S) MAGUIYOP, Donald R. & Rhonda K.		3. TYPE(S) OF TRANSACTION(S)	Effective Date:
		ORIGINAL	FEE \$ 100.00
		Annual Fee	23.00
4. Name of Business Village Flower Shop			
5. Location of Business—Number and Street 1317 West Lockett St.			
City and Zip Code Lodi, CA 95241		County San Joaquin	TOTAL \$ 123.00
6. If Premises Licensed, Show Type of License		7. Are Premises Inside City Limits? Yes	
8. Mailing Address (if different from 5)—Number and Street P.O. Box 2775 Lodi CA 95241		(Temp/Perm)	
9. Have you ever been convicted of a felony?		10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?	
11. Explain a "YES" answer to item 9 or 10 on an attachment which shall be deemed part of this application.			
12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.			
13. STATE OF CALIFORNIA		County of <u>SAN JOAQUIN</u>	Date <u>1-17-81</u>
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant, or applicant's executive officer, has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not an "at will" transfer, the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>			
1. APPLICANT SIGN HERE			

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA		County of	Date
<small>Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and at location indicated on the upper portion of this application form; (3) that such transfer is authorized by the Director; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.</small>			
16. Name(s) of Licensee(s)		17. Signature(s) of Licensee(s)	18. License Number(s)
19. Location		Number and Street	City and Zip Code
			County

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Attached: ☐ Recorded notice.
☐ Fiduciary papers,
☐ OTHER: _____ COPIES MAILED 1-17-81
☐ Renewal Fee of _____ Paid at _____ Office on _____ Receipt No. _____